Silver › Beneficial 2000 (Endeavor Select network)

	In-network, members pay[2]	Out-of-network, members pay
Calendar year costs		
Deductible per person	$2,000	$4,000
Deductible per family	$4,000	$8,000
Out-of-pocket max per person	$5,500	$11,000
Out-of-pocket max per family	$11,000	$22,000
Care & services		
Preventive care[3]	$0/visit[1]	50%
Primary care physician (PCP) office visit[4]	$35[1] for first 5 visits, 30% for subsequent visits[7]	50%
Specialist office visit	30%	50%
Urgent care visit	$35[1] for first 5 visits, 30% for subsequent visits[7]	50%
Inpatient/outpatient care	30%	50%
Outpatient diagnostic X-ray & lab	30%	50%
Outpatient mental health/ chemical dependency	30%	50%
Emergency room	$200 copay + 30%/visit	$200 copay + 30%/visit
Ambulance	30%	30%
Physical, speech or occupational therapy	30%	50%
Alternative care[5]	$40/visit[1]	50%
Pediatric vision exam	30%[1]	30%[1]
Pediatric vision hardware	30%[1]	30%[1]
Prescription medications		
Value	$2[1]	$2[1]
Select	$15[1]	$15[1]
Preferred	35%[1]	35%[1]
Brand	45%[1]	45%[1]
Specialty[6]	45%[1]	Not covered
Features		
Plan tier	Silver	
Plan enrollment options	Health Insurance Marketplace or Moda Health	
Provider network	Endeavor Select network	
Embedded pediatric dental	Included for members under age 19	

1 Deductible waived
2 Every licensed professional provider in Alaska is covered at the in-network benefit level. In-network cost sharing and 50 percent out-of-network cost sharing apply to most services outside of Alaska.
3 For services as required under the Affordable Care Act
4 Includes naturopathic office visits
5 Covers medically necessary spinal and other manipulations and acupuncture care
6 Specialty medications require prior authorization and must be accessed through a specialty pharmacy provider.

Limitations

- Alternative care limited to 12 acupuncture and 12 spinal manipulation visits per calendar year
- Authorization by Moda Health required for all medical and surgical admissions and some outpatient services and medications
- Coordination of benefits. When a member has other health coverage, combined benefits for all plans is limited to the maximum plan allowance for all covered services
- Home health care limited to 130 visits per year
- Hospice benefits limited to 10 days of inpatient care and 240 hours of respite care
- Orthodontia limited to dependent children under age 19 and subject to a 2-year exclusion period
- Prescriptions, maximum 90 day supply retail and mail order and 30 days specialty pharmacy
- Inpatient rehabilitative and chronic pain care is limited to 30 days per calendar year; outpatient rehabilitation and habilitation benefits are limited to 45 sessions per calendar year (the limit does not apply to members under 21 with autism spectrum disorders).
- Skilled nursing facility limited to 60 days per calendar year
- Transplants must be performed at an Exclusive Transplant Network facility to be eligible for coverage. Round trip transportation and lodging up to $7,500 per transplant
- Vision exam and glasses or contacts covered once per calendar year for members under age 19

Exclusions

- Care outside the United States, other than emergency care
- Charges above the maximum plan allowance
- Cosmetic services and supplies (exception for reconstructive surgery after a mastectomy and some medically necessary complications of reconstructive surgeries)
- Court ordered services, except when medically necessary
- Custodial care
- Dental examinations and treatment over age 18 (exception for accidental injury)
- Experimental or investigational treatment, except routine costs for qualified clinical trials
- Infertility (services or supplies for treatment of, including reversal of sterilization)
- Instruction programs, except as provided for under the health education services benefit
- Intellectual disability
- Massage or massage therapy except as specifically listed under rehabilitation and habilitation
- Naturopathic and homeopathic remedies
- Obesity (all services and supplies except those required under the Affordable Care Act)
- Optional services or supplies, including those for comfort, convenience, environmental control or education, and treatment not medically necessary
- Orthognathic surgery
- Personality disorders
- Professional athletic events
- Services or supplies available under any city, county, state, or federal law, except Medicaid
- Services or supplies for which an employer is required by law to provide benefits, even if members choose not to accept those benefits
- Services provided by the patient or a member of the patient's immediate family, other than services by a dental provider
- Sexual disorders, including sexual dysfunction or inadequacy and sex change procedures
- Temporomandibular Joint Syndrome (TMJ)
- Vision surgery to alter the refractive character of the eye
- Any expense that results from an act of declared or undeclared war or armed aggression
- Any expense you or your dependents do not have to pay
- Any expense paid in whole or in part by any other provision of the Group Health Insurance Plan provided by the Policy holder

This document is provided for informational purposes only, and is intended as a quick reference of Moda Health plan benefits. It is not considered a Summary of Benefits and Coverage (SBC) and should not be regarded as a replacement for the SBC. For cost and further details of the coverage, including exclusions, any reduction or limitations and the terms under which the policy may be continued in force, contact your producer or Moda Health.

Note: This Alaska plan is at state review and is subject to changes.